

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724
After Hours (512) 458-1121

SUPRAGLOTTOPLASTY FOR LARYNGOMALACIA DIRECT LARYNGOSCOPY, BRONCHOSCOPY

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

DIRECT LARYNGOSCOPY: Examination of the voice box or larynx (pronounced "lair-inks") under general anesthesia. An instrument called a laryngoscope is carefully placed into the mouth and used to visualize the larynx and surrounding structures.

BRONCHOSCOPY: Examination of the windpipe below the voice box in the neck and chest under general anesthesia. A long narrow telescope is passed through the larynx and used to carefully inspect the trachea and bronchi.

SUPRAGLOTTOPLASTY: Microscopic instruments and a carbon dioxide laser are used to trim away extra tissue from around the voice box. Careful removal of this tissue is performed to prevent collapse over the voice box that can lead to harsh, noisy breathing (stridor) and difficulty feeding.

WHAT TO EXPECT: The supraglottoplasty procedure generally takes 45-60 minutes to complete. After the procedure, you will likely stay overnight for routine postoperative observation. The procedure may lead to worsening stridor (harsh, high pitched noisy-breathing) for the first 12-24 hours. Mild throat discomfort is usually controlled with Tylenol (acetaminophen) or Motrin (ibuprofen). Generally the procedure is well tolerated and the child is ready for discharge home a day or two following surgery.

POST-OPERATIVE INSTRUCTIONS

1. **Activity:** Your child may resume regular activity as soon as they feel up to it.
2. **Diet:** Your child may resume a regular diet after arriving home from surgery.

WHEN TO CALL OUR OFFICE

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Worsening high pitched, noisy breathing (stridor)
- Labored breathing with chest retractions or flaring of the nostrils
- Bluish discoloration of the lips or fingernails (cyanosis)
- Excessive coughing or respiratory distress during feeding
- Coughing or throwing up bright red blood
- Excessive drowsiness or unresponsiveness

FOLLOW-UP

Depending on your surgeon's preference, we will need to see your child in our office approximately 2-3 weeks after surgery. Please call our office to make an appointment.